

## South Carolina Department of Health and Human Services OCWI Worksheet

<b>Primary Individual:</b>					
	<i>First</i>	<i>Middle</i>	<i>Last</i>	<b>Household Number</b>	
Date Received:	<input type="checkbox"/> Application	<input type="checkbox"/> Review	<input type="checkbox"/> Re-budget		
<input type="checkbox"/> Pregnant Woman	<input type="checkbox"/> Infant Under Age One		<input type="checkbox"/> Child		
Budget Group (BG) Name	DOB	Relationship	Marital Status	Non-Financial Criteria Met	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Section I: Computation of Income</b>			<b>Section II: Pregnant Minor Budgeting</b>		
<b>Name of Applicant</b>			1. Gross Earned Income	\$	
<<<Earned Income>>>			2. Earned Income Disregard	\$	
			3. Subtotal (1-2)	\$	
		Children	Total	4. Gross Unearned Income	
1. Gross Earned Income (Include "EIC" if applicable)	\$	\$	\$	5. Subtotal (3+4)	
2. Earned Income Standard Disregard	\$	\$	\$	6. OCWI Need Level Amount for Household Tax Dependents not in BG & Parent(s).	
3. Subtotal (1 - 2)	\$	\$	\$	7. Child Care Paid	
<<<Unearned Income>>>			8. Amount Paid to Tax Dependents Outside the Household	\$	
4. Child Support Payments (Disregard First \$50)	\$	\$	\$	9. Alimony Paid	
5. SSA Benefits	\$	\$	\$	10. Child Support Paid	
6. VA Benefits	\$	\$	\$	11. Subtotal (6+7+8+9+10)	
7. UCI Benefits	\$	\$	\$	12. Parent's Net Income (5-11)	
8. Contributions	\$	\$	\$	The result from line #12 is deemed income to the pregnant minor. The deemed income amount should be reflected on line 9 of Section I, Computation of Income.	
9. Deemed Income	\$	\$	\$		
10. Other	\$	\$	\$	<b>Section III: Stepparent Budgeting</b>	
11. Gross Unearned Income (4+5 +6+7+8+9+10)	\$	\$	\$	1. Gross Earned Income	\$
12. Subtotal (3 + 11)	\$	\$	\$	2. Earned Income Disregard	\$
<b>Section IV: Final Determination</b>			There may be an allocation to the stepparent if 5 is less than 6. Determine which is less, the amount in 6 or the stepparent's pro rata share of the spouse's income. Allocate the amount necessary to bring 5 up to the lesser amount.		
1. Income of All BG Members from Section I, Line 12					
2. Total Child Support or Alimony paid by BG Members			\$	7. Child Care Paid	\$
3. Allocation to Children not in BG			\$	8. Amount Paid to Tax Dependents outside the Household	\$
4. Child Care Paid			\$	9. Alimony Paid	\$
5. Incapacitated Adult Care Paid			\$	10. Child Support Paid	\$
6. Total Deductions (2+3+4+5)			\$	11. Subtotal (6+7+8+9+10)	\$
7. Total Net Income (1 - 6)			\$	12. Parent's Net Income (5-11)	\$
8. Need Level Amount			\$	Remarks	
			If net income exceeds the OCWI need level for 1 person the natural parent is excluded from the BG.		
<b>Section V: Budget Summary</b>					
BG Size	OCWI Need Standard	Countable Net Income	Countable Resources are: <input type="checkbox"/> Below \$30,000		
	\$	\$	<input type="checkbox"/> Above \$30,000		
Eligible for Retroactive Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate Retroactive Month(s) covered:			
<b>Section VI: Case Disposition</b>					<input type="checkbox"/> Approved
					<input type="checkbox"/> Denied
					<input type="checkbox"/> Closed
Eligibility Worker's Signature					<input type="checkbox"/> Continued Eligible
			Decision Date	Date of Eligibility	